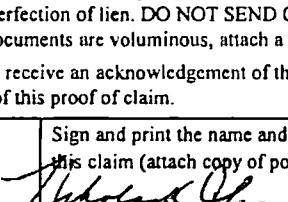


EXHIBIT B

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT Southern		DISTRICT OF New York		PROOF OF CLAIM
Name of Debtor Delphi Corporation et.al. Delphi Automotive Systems LLC		Case Number 05-44640 & 05-44481		This space is for court use only
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.				
Name of Creditor (The person or other entity to whom the debtor owes money or property): Airgas East, Inc.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case. <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court.		
Name and address where notices should be sent: Airgas, Inc. 259 N Radnor Chester Road Suite 100 Radnor, PA 19087 Att: D. Boyle				
Telephone number: 610-902-6028				
Last four digits of account or other number by which creditor identifies debtor: EF392		Check here <input type="checkbox"/> replaces if this claim <input type="checkbox"/> amends a previously filed claim, dated: _____		
1. Basis for Claim		<input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (fill out below) Last four digits of SS #: _____ Unpaid compensation for services performed from _____ to _____ (date) (date)		
2. Date debt was incurred: Various See Attached		3. If court judgement, date obtained:		
4. Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed. See reverse side for important explanations.				
Unsecured Nonpriority Claim \$ \$3,649.48 <input type="checkbox"/> Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority.		Secured Claim. <input type="checkbox"/> Check this box if your claim is secured by collateral (including a right of setoff). Brief Description of Collateral: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Value of Collateral: \$ _____ Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ _____		
Unsecured Priority Claim <input type="checkbox"/> Check this box if you have an unsecured claim, all or part of which is entitled to priority. Amount entitled to priority \$ Specify the priority of the claim:		<input type="checkbox"/> Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B) <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4). <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).		
5. Total Amount of Claim at Time Case Filed: \$ 3,649.48 (unsecured)		(secured) 3,649.48 (priority) 3,649.48 (Total) 3,649.48		
<input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.		THIS SPACE IS FOR COURT USE ONLY		
7. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgements, mortgages agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.				
8. Date-Stamped Copy: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.				
Date 7/28/06		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):  Nikolaos Chiro, Director Credit & Collections		

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Airgas Inc
Airgas East
Delphi Automotive Systems
Filing Date: October 8, 2005
EF392
5500 West Henrietta Rd; West Henrietta, NY 14586

INVOICE DATE	INVOICE NUMBER	PROOF OF DELIVERY NUMBER	INVOICE AMOUNT	TYPE OF PRODUCT OR SERVICE
06/07/05	941136	748905-00	136.00	Goods
06/09/05	947056	748362-01	746.00	Goods
06/10/05	950572	782065-00	58.00	Goods
06/17/05	965687	806848-00	280.00	Goods
06/22/05	974753	806848-01	950.00	Goods
06/22/05	974769	823079-00	746.00	Goods
06/29/05	994496	847689-00	58.00	Goods
06/30/05	998553	853700-00	58.00	Goods
06/30/05	998585	858266-01	618.00	Goods
08/11/05	8 N/A		(0.52)	Payment
			3,649.48	

Airgas

AIRGAS EAST
77 DEEP ROCK RD
ROCHESTER NY 14624-3593
(866) 718-0685

ORIGINAL INVOICE

DATE	ACCT NO	INVOICE NUMBER
06/07/05	EF392	116941136 116

PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO

AIRGAS EAST
PO BOX 7777
PHILADELPHIA PA 19175-4880
(800) 556-5567

S DELPHI AUTOMOTIVE SYSTEMS
 O
 L ERIC REDMOND DEPT 15679
 D
 PO BOX 20366
 W T ROCHESTER NY 14602-0366
 748905-00 O
 GM-DELPHI-OPERATION 15683
 ERIC REDMOND 359-6133
 5500 WEST HENRIETTA RD.
 WEST HENRIETTA NY 14586

CUSTOMER ORDER NUMBER	LOC	SLS #	TERR #	SHIP VIA	TERMS	PAGE
RPB01125	072	657	349	OUR TRUCK	NET 60	1

SHIPPING ORDER NUMBER	DATE	STOCK NUMBER	QTY SHIP'D	QTY B/O	CYLINDER SHPD/RET'D	DESCRIPTION	U O M	UNIT PRICE	AMOUNT
***** This is an internet order *****									
Shipping Instructions:									
*1**1*									
Customer Notes:									
7489050531X02NI99E15A1557			1	0		PB 95PPM PROPANE BALANCE NITROGEN SIZE 15	CL	136.00	136.00 N
					1	0	VOL: 150		
		PRECISION BLEND CGA 350							
7489050531NI UHP300			0	0		Customer Item Number: 126853 NITROGEN UHP GR 5.0 SIZE CL	CL	30.00	.00 N
					0	VOL: 0	CGA 580		
7489050531AI UZ300			0	0	2	Customer Item Number: 126530 AIR ULTRA ZERO SIZE 300 CL	CL	32.00	.00 N
					0	VOL: 0	CGA 590		
					1	Customer Item Number: 126524 Subtotal			
								136.00	
						TOTAL CYLINDERS SHIPPED: 1	RETURNED: 3		
TAX CD: 000000031	TAX DESCRIPT: NY-MONROE	EXMPT CD: 18	EXMPT/CERT: DP 3487	1/00					
We are a proud National Partner of Cystic Fibrosis GREAT STRIDES									
						TAXABLE AMOUNT .00	AMOUNT THIS INVOICE INCLUDING TAX	136.00	

Airgas.

DELIVERY ORDER

For location nearest you visit
www.airgas.com

ITEM COUNT BY	REVIEWED	STAGING AREA	TOTAL PKGS	TOTAL CYLINDERS SHIP RECEIVED	FREIGHT CHARGES	SHIPPED/DELIVERED VIA			
						ON	BL#	PCS	ZONE

— SOLD BY —

AIRGAS EAST, INC
1200 Sullivan Street
Elmira NY 14901
[866] 718-0685

P/O NO: RPB01125

INTERNAL USE ONLY 3847

— SHIP TO: —

GM-DELPHI-OPERATION 15683
ERIC REDMOND 359-6133
5500 WEST HENRIETTA RD.
WEST HENRIETTA NY 14586

REL NO:

CUST. NO: 748905-00

31-MAY-05 08:33AM CRT:NLAD PAGE NO:

ORD DATE 05/31/05
001 OF 002

TRAN TYPE	CHRG	SLSM	6	BRCH	1	FF	349	PRO	SOL	SHIP VIA	OUR TRUCK	ROUTING	000642	SCHEDULED SHIP DATE	06/02/05	REGION	16	ENTERED BY
Route #:	642	Delivery Date:	06/02/05							Driver #:	642							

QTY	UNIT	HM	DESCRIPTION	ID	LIN	ITEM	LOC	QTY	--CYLINDERS--	VOL/	UNIT	EXTENDED
SHIP	&	HAZARD CLASS		NUMBER	LINE	NUMBER	LOC	ORDER	SHIP	RETM	AMOUNT	AMOUNT

***** This is an internet order *****

Shipping Instructions:

*1*1*

Customer Notes:

Buyer Name: Eric Redmond 15683 Buyer Phone#: (716) 359-6133

ShipToName: ShipToCompanyName:

1 CL X	COMPRESSED GASES, M.O.S. (NITROGEN, PROPANE) 2.2 UN1956	7	X02 MI99E15A1557 PRO	1	1	--	150	136.00	136.00
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55.0

(PB 95PPM PROPANE)

(BALANCE NITROGEN SIZE 150L)

PRECISION BLEND CGA 350

Cust Item # 126853

<<<<<Estimated delivery:06/02>>>>>

DELPHI VENDOR NUMBER 80-975-1167

EMERGENCY RESPONSE TELEPHONE NUMBER: 1-888-372-4851

4HP Nitrogen 300+

- 2

42 c/a 300+

- 1

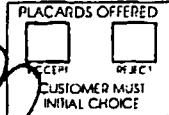
40% H₂/Helium 300t X02 He60A3003005- 1 Transferred to
Eric Redmond 4779612.00

SHIPPED BY:

UPS SHIPPER NO.

PKG ID# 748905-00

THIS AGREEMENT SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS. SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION

ACCEPTED FOR
THE ABOVE
CUSTOMER XNAME
PLEASE PRINT

I AGREE TO CERTIFY THAT THE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

SHIP TO GM-DELPHI-OPERATION 15683
ERIC REDMOND 359-6133
5500 WEST HENRIETTA RD.
WEST HENRIETTA NY 14586

PO RPB01125 CUST EF392 UPS 00 0

ORDER 748905-00 05/31/05 YOUR TRUCK -NONE-

AIRGAS PERSONNEL

DATE

T.O.D.

7/8/05

DELIVERY ORDER

For location needs? you visit!
www.airgas.com

Airgas.

FILLED	REVIEWED	STAGING AREA	TOTAL PKGS	TOTAL CYLINDERS SHP	RET	FREIGHT CHARGES	SHIPPED/DELIVERED VIA	ON	BL #	
ITEM COUNT	BY						PCS	ZONE	GR WEIGHT	DECL VALUE \$

05-44481-rdd

— SOLD BY: _____

AIRGAS EAST, INC
1200 Sullivan Street
Elmira NY 14901
[866] 718-0685

P/O
NO: RPB01125

INTERNAL
USE ONLY

3846

CUST. NO: EF392

EF392

SHIP TO: _____ ORDER NO: 748905-00

GM-DELPHI-OPERATION 15683 — SOLD TO DELPHI AUTOMOTIVE SYSTEMS
ERIC REDMOND 359-6133
5500 WEST HENRIETTA RD.
WEST HENRIETTA NY 14586

31-MAY-05 08:34AM CRT:NLAD PAGE NO:

05/31/05

002 OF 002

TRAN TYPE	SLSM	657	BRANCH	11	TERM	349	POD	X	COLL	SHIP VIA	DUR	TRUCK	ROUTING	000642	SCHEDULED SHP DATE	06/02/05	REGION	116	ENTERED BY
Route #: 642	Delivery Date:	06/02/05								Driver #:	642								

QTY	UNIT	HM	DESCRIPTION	LINE	ITEM	LOC	QTY	QTY	BIN	WT	UNIT	EXTENDED
SHIP			& HAZARD CLASS	NO	NUMBER	ORDER	BKORD	LOC		AMOUNT	AMOUNT	

Total Weight: 55.0 Subtotal 136.00

Tax: .00

Customer phone number: 716-359-6182

Total Sale 136.00

EMERGENCY RESPONSE TELEPHONE NUMBER: 1-888-372-4851

SHIPPED BY:

UPS SHIPPER NO.

PKG ID #748905-00

THIS AGREEMENT SUBJECT TO AIRGAS' STANDARD TERMS AND CONDITIONS. SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION.

PLACARDS OFFERED

 ACCEPT REJECT
 CUSTOMER MUST INITIAL CHOICE

ACCEPTED FOR
THE ABOVE
CUSTOMER

NAME
PLEASE PRINT

THIS IS TO CERTIFY THAT THE NAME'D MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION, ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION.

SHIP TO GM-DELPHI-OPERATION 15683
ERIC REDMOND 359-6133
5500 WEST HENRIETTA RD.
WEST HENRIETTA NY 14586

PO. RPB01125 CUST. EF392 UPS 00 0

ORDER 748905-00 DATE 05/31/05 SHIP VIA TRUCK -NONE-

AIRGAS PERSONNEL

2016-2-05

DATE T.O.D.

Airgas

ORIGINAL INVOICE

AIRGAS EAST
77 DEEP ROCK RD
ROCHESTER NY 14624-3593
(866) 718-0685

DATE	ACCT. NO.	INVOICE NUMBER
06/09/05	EF392	116947056

**PLEASE MAKE CHECKS PAYABLE TO
AND MAIL TO**

AIRGAS EAST
PO BOX 7777
PHILADELPHIA PA 19175-4880
(800) 556-5567

S [] DELPHI AUTOMOTIVE SYSTEMS
S O L D ERIC REDMOND DEPT 15679
D PO BOX 20366
W T O ROCHESTER NY 14602-0366
748362-01

S ✓ GM-DELPHI-OPERATION 15683
H ERIC REDMOND 359-6133
P 5500 WEST HENRIETTA RD.
T WEST HENRIETTA NY 14586

748362-01

CUSTOMER ORDER NUMBER RPB01125	LOC 072	SLS # 657	TERR # 349	SHIP VIA OUR TRUCK	TERMS NET 60	PAGE 1
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We are a proud National Partner
of Cystic Fibrosis GREAT STRIDES

TAXABLE AMOUNT

.00

AMOUNT
THIS INVOICE
INCLUDING TAX

746.00

Airgas.

DELIVERY ORDER

For location nearest you visit
www.airgas.com

05/03/07 14:15:10

ITEM COUNT BY	FILLED	REVIEWED	STAGING AREA	TOTAL PKGS	TOTAL CYLINDERS SHIP RET		FREIGHT CHARGES	SHIPPED: DELIVERED VIA			
					SHP	RET		ON	BL #	PCS	ZONE

— SOLD BY: —

AIRGAS EAST, INC
1200 Sullivan Street
Elmira NY 14901
[866] 718-0685

P/O
NO:

RPB01125

INTERNAL
USE ONLY

3047

REL
NO:

CUST. NO:

EF392

— SHIP TO: —

GM-DELPHI-OPERATION 15683
ERIC REDMOND 359-6133
5500 WEST HENRIETTA RD.
WEST HENRIETTA NY 14586

— SOLD TO: —

DELPHI AUTOMOTIVE SYSTEMS

SORD DATE:

05/31/05

07-JUN-05 12:44PM CRT:TNA1963

PAGE NO:

001 OF 002

TRAN TYPE	SLSM	BRCH	TELE	UPS	PPD	COLL	SHIP VIA	ROUTING	SCHEDULED SHIP DATE	REGION	ENTERED BY
CHRG-Br	642	657	11	349	0	X	OUR TRUCK	000642	06/02/05	16	"W"

Route #: 000 Delivery date: 06/06/05 Driver #: 000

6-8-05

QTY	UNIT	MM	DESCRIPTION	ID	LIME	ITEM	LOC	QTY	--CYLINDERS--	VOL/	UMIN	EXCL. MFG. D.
SHIP			& HAZARD CLASS	NUMBER	MO	NUMBER	ORDER	SHIP	RETM	WT	AMOUNT	AMOUNT

***** This is an internet order *****

Shipping Instructions:

*1**1*

Customer Notes:

Buyer Name: Eric Redmond 15683 Buyer Phone: (716) 359-6133

ShipToName: ShipToCompanyName:

1	ER	X	OXYGEN, COMPRESSED	7	QX	UHPC63	PRO	1	1	2022	746.00	746.00
2.2 UM1072												

1290.0

(OXYGEN UHP GR 4.4 6PK SIZE 300)
(CGA 540)

Cust Item #: CRADLE A B C

<<<<<Estimated delivery:06/06>>>>

DELPHI VENDOR NUMBER 80-975-1167

EMERGENCY RESPONSE TELEPHONE NUMBER: 1-888-372-4851

SHIPPED BY:

UPS SHIPPER NO.

PKG ID# 748362-01

THIS AGREEMENT SUBJECT TO AIRGAS STANDARD TERMS AND CONDITIONS. SEE REVERSE SIDE FOR IMPORTANT SAFETY INFORMATION

<input type="checkbox"/>	PLACARDS OFFERED
<input type="checkbox"/>	ACCEPT REJECT
CUSTOMER MUST INITIAL CHOICE	

ACCEPTED FOR
THE ABOVE
CUSTOMER XNAME
PLEASE PRINT

THIS IS TO CERTIFY THAT THE NAMED MATERIALS ARE PROPERLY CLASSIFIED, DESCRIBED, PACKAGED, MARKED AND LABELED AND ARE IN PROPER CONDITION FOR TRANSPORTATION ACCORDING TO THE APPLICABLE REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION

PO.	RPB01125	CUST.	EF392	UPS	00	0
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ORDER	748362-01	DATE	05/31/05	SHIP VIA	OUR TRUCK	-NONE-
-------	-----------	------	----------	----------	-----------	--------

AIRGAS PERSONNEL

D 6-8-05

DATE

T.O.D.